

U.S.DepartmentofHousingandUrbanDevelopment
OfficeofPublicandIndianHousing

SmallPHAPlanUpdate
AnnualPlanforFiscalYear:10/01/2003THRU9/30/2004

**NOTE:THISPHAPLANSTEMPLATE(HUD -50075SmallPHA)ISTOBEC OMPLETEDIN
ACCORDANCEWITHINSTRUCTIONSLOCATEDINAPPLICABLEPIHNOTICES**

**PHA Plan
Agency Identification**

PHAName: St. Michaels Housing Authority

PHANumber: MD013

PHA Fiscal Year Beginning: (mm/yyyy) 10/2003

PHA Plan Contact Information:

Name: Ka y H. Howeth

Phone: 410 -745-5121

TDD:

Email (if available): smha@dmv.com

Public Access to Information

**Information regarding any activities outlined in this plan can be obtained by contacting:
(select all that apply)**

- ☒ Main administrative office of the PHA
☐ PHA development management offices

Display Locations For PHA Plans and Supporting Documents

The PHA Plans (including attachments) are available for public inspection at: (select all that apply)

- ☒ Main administrative office of the PHA
☐ PHA development management offices
☐ Main administrative office of the local, county or State government
☐ Public library
☐ PHA website
☐ Other (list below)

PHA Plan Supporting Documents are available for inspection at: (select all that apply)

- ☒ Main business office of the PHA
☐ PHA development management offices
☐ Other (list below)

PHA Programs Administered :

☒ Public Housing and Section 8 ☐ Section 8 Only ☐ Public Housing Only

AnnualPHAPlan

FiscalYear20

[24CFRPart903.7]

i. Table of Contents

Provide a table of contents for the Plan, including attachments, and a list of supporting documents available for public inspection. For Attachments, indicate which attachments are provided by selecting all that apply. Provide the attachment's name (A, B, etc.) in the space to the left of the name of the attachment. If the attachment is provided as a **SEPARATE** file submission from the PHA Plans file, provide the filename in parentheses in the space to the right of the title.

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<input type="checkbox"/> Other (List below, providing each attachment name)	

ii. Executive Summary

[24CFRPart903.79(r)]

At PHA option, provide a brief overview of the information in the Annual Plan

1.Summary of Policy or Program Changes for the Upcoming Year

In this section, briefly describe changes in policies or programs discussed in last year's PHA Plan that are not covered in other sections of this Update.

The Housing Authority opened a day care facility in October, 2002. The day care facility will accommodate 38 children. Six of those are for infants. At this time, we have 21 children utilizing the facility. By offering this service our residents will have a safe place to leave their children while earning an income to support their family.

2.Capital Improvement Needs

[24CFR Part 903.79(g)]

Exemptions: Section 8 only PHAs are not required to complete this component.

A. X Yes ☐ No: Is the PHA eligible to participate in the CFP in the fiscal year covered by this PHA Plan?

B. What is the amount of the PHA's estimated or actual (if known) Capital Fund Program grant for the upcoming year? \$126,684 _____

C. X Yes ☐ No Does the PHA plan to participate in the Capital Fund Program in the upcoming year? If yes, complete the rest of Component 7. If no, skip to next component.

D. Capital Fund Program Grant Submissions

(1) Capital Fund Program 5 - Year Action Plan

The Capital Fund Program 5 - Year Action Plan is provided as Attachment

(2) Capital Fund Program Annual Statement

The Capital Fund Program Annual Statement is provided as Attachment

3.D Demolition and Disposition

[24CFR Part 903.79(h)]

Applicability: Section 8 only PHAs are not required to complete this section.

1. X Yes ☐ No: Does the PHA plan to conduct any demolition or disposition activities (pursuant to section 18 of the U.S. Housing Act of 1937 (42 U.S.C. 1437p)) in the plan Fiscal Year? (If "No", skip to next component; if "yes", complete one activity description for each development.)

2. Activity Description

Demolition/Disposition Activity Description (Not including Activities Associated with HOPE VI or Conversion Activities)	
1a. Development name: Webb Lane	
1b. Development (project) number: MD06P013002	
2. Activity type: Demolition <input type="checkbox"/> Disposition X	
3. Application status (select one) Approved X Submitted, pending approval <input type="checkbox"/> Planned application <input type="checkbox"/>	
4. Date application approved, submitted, or planned for submission: (12/11/1998)	
5. Number of units affected: 14	
6. Coverage of action (select one) <input type="checkbox"/> Part of the development X Total development	
7. Relocation resources (select all that apply) <input type="checkbox"/> Section 8 for units <input type="checkbox"/> Public housing for units <input type="checkbox"/> Preference for admission to other public housing or section 8 <input type="checkbox"/> Other housing for units (describe below)	
8. Timeline for activity: a. Actual or projected start date of activity: 12/11/1998 b. Actual or projected start date of relocation activities: c. Projected end date of activity:	

4. Voucher Homeownership Program

[24 CFR Part 903.79(k)]

A. ☐ Yes X No: Does the PHA plan to administer a Section 8 Homeownership program pursuant to Section 8(y) of the U.S.H.A. of 1937, as implemented by 24 CFR part 982? (If "No", skip to next component; if "yes", describe each program using the table below (copy and complete questions for each program identified.)

B. Capacity of the PHA to Administer a Section 8 Homeownership Program

The PHA has demonstrated its capacity to administer the program by (select all that apply):

- ☐ Establishing a minimum homeowner down payment requirement of at least 3 percent and requiring that at least 1 percent of the down payment comes from the family's resources
- ☐ Requiring that financing for purchase of a home under its section 8 homeownership will be provided, insured or guaranteed by the state or Federal government; comply with secondary mortgage market underwriting requirements; or comply with generally accepted private sector underwriting standards

- ☐ Demonstrating that it has or will acquire other relevant experience (list PHA experience, or any other organization to be involved and its experience, below):

5. Safety and Crime Prevention: PHDEP Plan

[24CFR Part 903.7(m)]

Exemptions Section 8 Only PHAs may skip to the next component. PHAs eligible for PHDEP funds must provide a PHDEP Plan meeting specified requirements prior to receipt of PHDEP funds.

- A. ☐ Yes ☒ No: Is the PHA eligible to participate in the PHDEP in the fiscal year covered by this PHA Plan?
- B. What is the amount of the PHA's estimated or actual (if known) PHDEP grant for the upcoming year? \$ _____
- C. ☐ Yes ☒ No Does the PHA plan to participate in the PHDEP in the upcoming year? If yes, answer question D. If no, skip to next component.
- D. ☐ Yes ☒ No: The PHDEP Plan is attached at Attachment _____

6. Other Information

[24CFR Part 903.79 (r)]

A. Resident Advisory Board (RAB) Recommendations and PHA Response

1. ☐ Yes ☒ No: Did the PHA receive any comments on the PHA Plan from the Resident Advisory Board/s?
2. If yes, the comments are attached at Attachment (Filename) _____
3. In what manner did the PHA address those comments? (select all that apply)
- ☐ The PHA changed portions of the PHA Plan in response to comments. A list of these changes is included ☐ Yes ☒ No: below or ☐ Yes ☒ No: at the end of the RAB Comments in Attachment _____.
- ☐ Considered comments, but determined that no changes to the PHA Plan were necessary. An explanation of the PHA's consideration is included at the end of the RAB Comments in Attachment _____.
- ☐ Other: (list below) _____

B. Statement of Consistency with the Consolidated Plan

For each applicable Consolidated Plan, make the following statement (copy questions as many times as necessary).

1.ConsolidatedPlanjurisdiction:(providenamehere)

2.ThePHAhastakenthefollowingstepstoensureconsistencyofthisPHAPlanwiththe ConsolidatedPlanforthejurisdiction:(selectallthatapply)

- ☒ ThePHAhasbasedits statementofneedsoffamiliesinthejurisdictiononthe needsexpressedintheConsolidatedPlan/s.
- ☒ ThePHAhasparticipatedinanyconsultationprocessorganizedandofferedby theConsolidatedPlanagencyinthedevelopmentoftheConsolidatedPlan.
- ☒ ThePHAhasconsultedwiththeConsolidatedPlanagencyduringthe developmentofthisPHAPlan.
- ☒ ActivitiestobeundertakenbythePHAinthecomingyearareconsistentwith specificinitiativescontainedintheConsolidatedPlan.(listsuchinitiativ esbelow)
- ☐ Other:(listbelow)

3. PHARequestsforsupportfromtheConsolidatedPlanAgency

☐ Yes ☒ No: DoesthePHArequestfinancialorothersupportfromtheStateorlocal governmentagencyinordertomeettheneeds ofitspublichousingresidentsor inventory?Ifyes,pleaselistthe5mostimportantrequestsbelow:

4.TheConsolidatedPlanofthejurisdictionsupportsthePHAPlanwiththefollowingactions andcommitments:(describebelow)

C.CriteriaforSub stantialDeviationandSignificantAmendments

1. AmendmentandDeviationDefinitions

24CFRPart903.7(r)

PHAsarerequiredtodefineandadopttheirownstandards ofsubstantialdeviationfromthe5 -yearPlanand SignificantAmendmenttotheAnnualPlan.T hedefinitionofsignificantamendmentisimportantbecauseitdefines whenthePHAwillsubjectachangetothepoliciesoractivitiesdescribedintheAnnualPlantofullpublichearing andHUDreviewbeforeimplementation.

A.SubstantialDeviationfro mthe5 -yearPlan:

Forthepurposeofthe2004AnnualPlanandFiveYearPlan,theSt.Michaels HousingAuthorityshalladoptthefollowingdefinitionof“SubstantialDeviation” pursuantto24CFR903.21andFinalRule903.7(2)

“SubstantialDevia tionandSignificantAmendmentorModification”shallbe definedasfollows –Anon -regulatorychangethatsignificantlychanges the character,natureandscopeofthePublicHousingandSection8Program.Changes tothefollowingdocumentsarenotconside red“SubstantialDeviationor SignificantAmendments:

1. CapitalGrantProgram
2. PublicHousingAdmissionsandOccupancyPolicy
3. Section8AdministrativePlan
4. HomeownershipPlan
5. DrugEliminationGrantProgram
6. FamilySelf -SufficiencyPlan
7. FiveYearandAnnualPlan
8. HousingAuthorityInternalOperationalPolicies&Procedures.

ChangesinthesedocumentsshallrequireBoardreview,approvalandnotpublic orresidentreviewunlessotherwise statutory.Changesthatarerequiredbyfederal policy,regulations,legislationandstateorlocallawwillalsonotbeconsidereda SubstantialDeviation.

B.SignificantAmendmentorModificationtotheAnnualPlan:
significantamendmentormodificationtotheAnnualPlan.

Wedonotanticipateany

Attachment A

Supporting Documents Available for Review

PHAs are to indicate which documents are available for public review by placing a mark in the “Applicable & On Display” column in the appropriate rows. All listed documents must be on display if applicable to the program activities conducted by the PHA.

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
X	PHA Plan Certification of Compliance with the PHA Plans and Related Regulations	5 Year and Annual Plans
	State/Local Government Certification of Consistency with the Consolidated Plan (not required for this update)	5 Year and Annual Plans
X	Fair Housing Documentation Supporting Fair Housing Certifications: Records reflecting that the PHA has examined its programs or proposed programs, identified any impediments to fair housing choice in those programs, addressed or is addressing those impediments in a reasonable fashion in view of the resources available, and worked or is working with local jurisdiction to implement any of the jurisdictions’ initiatives to affirmatively further fair housing that require the PHA’s involvement.	5 Year and Annual Plans
X	Housing Needs Statement of the Consolidated Plan for the jurisdiction/s in which the PHA is located and any additional backup data to support statement of housing needs in the jurisdiction	Annual Plan: Housing Needs
X	Most recent board -approved operating budget for the public housing program	Annual Plan: Financial Resources
X	Public Housing Admissions and (Continued) Occupancy Policy (A&O/ACOP), which includes the Tenant Selection and Assignment Plan [TSAP]	Annual Plan: Eligibility, Selection, and Admissions Policies
	Any policy governing occupancy of Police Officers in Public Housing <input type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Public housing rent determination policies, including the method for setting public housing flat rents <input type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Rent Determination

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
X	Schedule of flat rents offered each public housing development <input type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Rent Determination
X	Section 8 rent determination (payment standard) policies <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Rent Determination
X	Public housing management and maintenance policy documents, including policies for the prevention or eradication of pest infestation (including cockroach infestation)	Annual Plan: Operations and Maintenance
X	Results of latest binding Public Housing Assessment System (PHAS) Assessment	Annual Plan: Management and Operations
	Follow-up Plan to Results of the PHAS Resident Satisfaction Survey (if necessary)	Annual Plan: Operations and Maintenance and Community Service & Self-Sufficiency
X	Results of latest Section 8 Management Assessment System (SEMAP)	Annual Plan: Management and Operations
	Any required policies governing any Section 8 special housing types <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Operations and Maintenance
X	Public housing grievance procedures <input type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Grievance Procedures
X	Section 8 informal review and hearing procedures <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Grievance Procedures
X	The HUD -approved Capital Fund/Comprehensive Grant Program Annual Statement (HUD 52837) for any active grant year	Annual Plan: Capital Needs
X	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grants	Annual Plan: Capital Needs
	Approved HOPE VI applications or, if more recent, approved or submitted HOPE VI Revitalization Plans, or any other approved proposal for development of public housing	Annual Plan: Capital Needs
	Self-evaluation, Needs Assessment and Transition Plan required by regulations implementing § 504 of the Rehabilitation Act and the Americans with Disabilities Act. See, PIH 99 -52 (HA).	Annual Plan: Capital Needs
X	Approved or submitted applications for demolition and/or disposition of public housing	Annual Plan: Demolition and Disposition
	Approved or submitted applications for designation of public housing (Designated Housing Plans)	Annual Plan: Designation of Public Housing

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
	Approved or submitted assessments of reasonable revitalization of public housing and approved or submitted conversion plans prepared pursuant to section 202 of the 1996 HUD Appropriations Act, Section 22 of the US Housing Act of 1937, or Section 33 of the US Housing Act of 1937	Annual Plan: Conversion of Public Housing
X	Approved or submitted public housing homeownership programs/plans	Annual Plan: Homeownership
	Policies governing any Section 8 Homeownership program (section _____ of the Section 8 Administrative Plan)	Annual Plan: Homeownership
	Cooperation agreement between the PHA and the TANF agency and between the PHA and local employment and training service agencies	Annual Plan: Community Service & Self-Sufficiency
	FSS Action Plan/s for public housing and/or Section 8	Annual Plan: Community Service & Self-Sufficiency
	Section 3 documentation required by 24 CFR Part 135, Subpart E	Annual Plan: Community Service & Self-Sufficiency
	Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports	Annual Plan: Community Service & Self-Sufficiency
X	The most recent Public Housing Drug Elimination Program (PHDEP) semi-annual performance report	Annual Plan: Safety and Crime Prevention
	PHDEP-related documentation: <ul style="list-style-type: none"> · Baseline law enforcement services for public housing developments assisted under the PHDEP plan; · Consortium agreement/s between the PHA/s participating in the consortium and a copy of the payment agreement between the consortium and HUD (applicable only to PHA/s participating in a consortium as specified under 24 CFR 761.15); · Partnership agreements (indicating specific leveraged support) with agencies/organizations providing funding, services or other in-kind resources for PHDEP-funded activities; · Coordination with other law enforcement efforts; · Written agreement(s) with local law enforcement agencies (receiving any PHDEP funds); and · All crime statistics and other relevant data (including Part I and specified Part II crimes) that establish need for the public housing sites assisted under the PHDEP Plan. 	Annual Plan: Safety and Crime Prevention
X	Policy on Ownership of Pets in Public Housing Family Developments (as required by regulation at 24 CFR Part 960, Subpart G) <input type="checkbox"/> check here if included in the public housing A&O Policy	Pet Policy
	The results of the most recent fiscal year audit of the PHA conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U.S.C. 1437c(h)), the results of that audit and the PHA's response to any findings	Annual Plan: Annual Audit

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
	Troubled PHAs: MOA/Recovery Plan	Troubled PHAs
	Other supporting documents (optional) (list individually; use as many lines as necessary)	(specify as needed)

Annual Statement/Performance and Evaluation Report ATTACHMENT B Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary					
PHAName: ST.MICHAELSHOUSINGAUTHORITY		Grant Type and Number Capital Fund Program: MD06P01350102 Capital Fund Program Replacement Housing Factor Grant No:			Federal FY of Grant: 2002
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:)					
<input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non -CFP Funds				
2	1406 Operations	13,000.		13,000.	13,000.
3	1408 Management Improvements	12,336.	12,669.	12,669.	12,668.
4	1410 Administration	12,668.	12,335.	12,335.	11,872.
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	10,000.		10,000.	0
8	1440 Site Acquisition				
9	1450 Site Improvement	16,009.		16,009.	0
10	1460 Dwelling Structures				
11	1465.1 Dwelling Equipment — Nonexpendable	16,000.		16,000.	0
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment	15,000.		15,000.	5,613.
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1498 Mod Used for Development				
19	1501 Collateralization/Debit Service	31,671.		31,671.	0
20	Amount of Annual Grant: (sum of lines 2 -19)	126,684.	25,004.	126,684.	43,153.
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Compliance				
23	Amount of line 20 Related to Security				

AnnualStatement/PerformanceandEvaluationReportATTACHMENTB CapitalFundProgramandCapitalFundProgramReplacementHousingFactor(CFP/CFPRHF)Part1:Summary					
PHAName:ST.MICHAELSHOUSINGAUTHORITY		GrantTypeandNumb er CapitalFundProgram: MD06P01350102 CapitalFundProgram ReplacementHousingFactorGrantNo:			FederalFYofGrant: 2002
<input type="checkbox"/> OriginalAnnualStatement		<input type="checkbox"/> ReserveforDisasters/Emergencies		<input type="checkbox"/> RevisedAnnualStatement(revisionno:)	
<input type="checkbox"/> PerformanceandEvaluationReportforPeriodEnding:		<input type="checkbox"/> FinalPerformanceandEvaluationReport			
Line No.	SummarybyDevelopmentAccount	TotalEstimatedCost		TotalActualCost	
24	Amountoffline20RelatedtoEnergyConservation Measures				

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)
Part II: Supporting Pages

[illegible]

AnnualStatement/PerformanceandEvaluationReport
CapitalFundProgramandCapitalFundProgramReplacementHousingFactor(CFP/CFPRHF)
PartIII:ImplementationSchedule

[illegible]

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary					
PHA Name: ST. MICHAEL SHOUSINGAU THORITY		Grant Type and Number Capital Fund Program: MD06P01350103 Capital Fund Program Replacement Housing Factor Grant No:			Federal FY of Grant: 2003
<input type="checkbox"/> Original Annual Statement					
<input type="checkbox"/> Performance and Evaluation Report for Period Ending:					
<input type="checkbox"/> Reserve for Disasters/Emergencies					
<input type="checkbox"/> Revised Annual Statement (revision no:)					
<input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total Non - CFP Funds				
2	1406 Operations	14,214.			
3	1408 Management Improvements	13,000.			
4	1410 Administration	13,607.			
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	5,000.			
8	1440 Site Acquisition				
9	1450 Site Improvement	10,000.			
10	1460 Dwelling Structures	32,234.			
11	1465.1 Dwelling Equipment — Nonexpendable	14,000.			
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1498 Mod Used for Development				
19	1501 Collateralization/Debit Service	34,018.			
20	Amount of Annual Grant: (sum of lines 2 - 19)	136,073			
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Compliance				
23	Amount of line 20 Related to Security				

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary					
PHA Name: ST. MICHAEL'S HOUSING AUTHORITY		Grant Type and Number Capital Fund Program: MD06P01350103 Capital Fund Program Replacement Housing Factor Grant No:			Federal FY of Grant: 2003
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:)					
<input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
24	Amount of line 20 Related to Energy Conservation Measures				

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CF P/CFPRHF) Part II: Supporting Pages								
PHAName: St. Michaels Housing Authority			Grant Type and Number Capital Fund Program #: MD06P01350103 Capital Fund Program Replacement Housing Factor #:			Federal FY of Grant: 2003		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
	Operations	1406		14,214.		0	0	
	Management Improvements	1408		13,000.		0	0	
	Administration	1410		13,607.		0	0	
	Fees & Costs	1430		5,000.		0	0	
	Site Improvement	1450		10,000.		0	0	
	Dwelling Structures	1460		32,234.		0	0	
	Dwelling Equipment	1465.1		14,000.		0	0	
	Collateralization/Debit Service	1501		34,018.		0	0	

singFactor(CFP/CFPRHF)

PHANameSt.MichaelsHousingAuthority:

GrantTypeandNumber

CapitalFundProgram#:MD06P01350103

CapitalFundProgramReplacementHousingFactor#:

FederalFYofG rant:2003

form HUD-50075-SmallPHA (03/2003)

Capital Fund Program 5 - Year Action Plan

Complete one table for each development in which work is planned in the next 5 PHA fiscal years. Complete a table for any PHA -wide physical or management improvements planned in the next 5 PHA fiscal years. Copy this table as many times as necessary. Note: PHAs need not include information from Year One of the 5 -Year cycle, because this information is included in the Capital Fund Program Annual Statement.

CFP 5 -Year Action Plan		
<input type="checkbox"/> Original statement <input type="checkbox"/> Revised statement		
Development Number	Development Name St. Michaels Housing Authority (or indicate PHA wide)	
MD06P01350104	Fiscal Year 2004	
Description of Needed Physical Improvements or Management Improvements	Estimated Cost	Planned Start Date (HA Fiscal Year)
1406 -Operations	14,214.	2004
1408 -Management Improvements & Day Care Operations	13,000.	2004
1410 -Administration	13,607.	2004
1430 -Fees and Costs	6,234.	2004
1450 -Site Improvements -Resurface Streets, Replace fence at Webb Lane	30,000.	2004
1475.1 -Non Dwelling Equipment -Replace Maintenance Truck	25,000.	2004
1501 -Collateralization/Debit Service -This is for an annual repayment for a \$400,000 loan to build a day care center	34,018.	2004
Totalestimatedcostovernext5years	136,073.	

Capital Fund Program 5 - Year Action Plan

Complete one table for each development in which work is planned in the next 5 PHA fiscal years. Complete a table for any PHA planned in the next 5 PHA fiscal year. Copy this table as many times as necessary. Note: PHA need not include information from Year information is included in the Capital Fund Program Annual Statement.

-wide physical or management improvements
 or One of the 5 -Year cycle, because this

CFP5 -Year Action Plan		
<input type="checkbox"/> Original statement Revised statement		
Development Number	Development Name St. Michaels Housing Authority (or indicate PHA wide)	
MD06P01350105	Fiscal Year 2005	
Description of Needed Physical Improvements or Management Improvements	Estimated Cost	Planned Start Date (HA Fiscal Year)
1406 –Operations	14,214.	2005
1408 –Management Improvements & Day Care Operations	13,000.	2005
1410 –Administration	13,607.	2005
1430 –Fees and Costs	10,000.	2005
1450 –Site Improvements –Resurface Streets, Replace fence at Willeyville	30,000.	2005
1465.1 –Dwelling Equipment –Replace ranges	21,234.	2005
1501 –Collateralization/Debit Service –This is for an annual repayment for a \$400,000 loan to build a daycare center	34,018.	2005
Totalestimatedcostovernext5years	136,073	

CFP5 -Year Action Plan	
<input checked="" type="checkbox"/> Original statement	<input type="checkbox"/> Revised statement

Development Number	DevelopmentName (or indicate PHA wide) St. Michaels Housing Authority		
MD06P01350106	Fiscal Year 2006		
Description of Needed Physical Improvements or Management Improvements		Estimated Cost	Planned Start Date (HA Fiscal Year)
1406 – Operations		14,214.	2006
1408 – Management Improvements & Daycare Operations		13,000.	2006
1410 – Administration		13,607.	2006
1450 – Site Improvements – Resurface streets & Repair & Replace sidewalks HA wide		50,000.	2006
1475 – Update Computer Systems & Purchase lawn mower		11,234.	2006
1501 – Collateralization/Debit Service – This is for an annual repayment for a \$400,000 loan to build a daycare center		34,018.	2006
Total estimated cost over next 5 years		136,073.	

CFP5 -Year Action Plan

☐ Original statement ☐ Revised statement

Development Number	Development Name St. Michaels Housing Authority (or indicate PHA wide)
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MD06P01350107	Fiscal year 2007	
Description of Needed Physical Improvements or Management Improvements	Estimated Cost	Planned Start Date (HA Fiscal Year)
1406 – Operations	16,000.	2007
1408 – Management Improvements & Day Care Operations	20,000.	2007
1410 – Administration	20,000.	2007
1450 – Site Improvements - Resurface streets, Power Washing, Termite Treatment	7,500.	2007
1465.1 – Dwelling Equipment – Replace refrigerators & replace floor at Willeyville Family	38,555.	2007
1501 – Collateralization/Debit Service – This is for an annual repayment for a \$400,000. loan to build a day care center.	34,018.	2007
Total estimated cost over next 5 years	136,073	

PHA Public Housing Drug Elimination Program Plan

Note: THIS PHDEP Plan template (HUD 50075 - PHDEP Plan) is to be completed in accordance with Instructions located in applicable PIH Notices.

Section 1: General Information/History

A. Amount of PHDEP Grant \$ _____

B. Eligibility type (Indicate with an “x”) **N1** _____ **N2** _____ **R** _____

C. FFY in which funding is requested _____

D. Executive Summary of Annual PHDEP Plan

In the space below, provide a brief overview of the PHDEP Plan, including highlights of major initiatives or activities undertaken. It may include a description of the expected outcomes. The summary must not be more than five (5) sentences long.

E. Target Areas

Complete the following table by indicating each PHDEP Target Area (development or site where activities will be conducted), the total number of units in each PHDEP Target Area, and the total number of individuals expected to participate in PHDEP sponsored activities in each Target Area. Unit count information should be consistent with that available in PIC.

PHDEP Target Areas (Name of development(s) or site)	Total # of Units within the PHDEP Target Area(s)	Total Population to be Served within the PHDEP Target Area(s)

F. Duration of Program

Indicate the duration (number of months funds will be required) of the PHDEP Program proposed under this Plan (place an “x” to indicate the length of program by # of months). For “Other”, identify the # of months).

12 Months _____ **18 Months** _____ **24 Months** _____

G. PHDEP Program History

Indicate each FY that funding has been received under the PHDEP Program (place an “x” by each applicable Year) and provide amount of funding received. If previously funded programs have not been closed out at the time of this submission, indicate the fund balance and anticipated completion date. The Fund Balance should reflect the balance as of Date of Submission of the PHDEP Plan. The Grant Term End Dates should include any HUD -approved extensions or waivers. For grant extensions received, place “GE” in column or “W” for waivers.

Fiscal Year of Funding	PHDEP Funding Received	Grant#	Fund Balance as of Date of this Submission	Grant Extensions or Waivers	Grant Start Date	Grant Term End Date
FY1995						
FY1996						
FY1997						
FY1998						
FY1999						

Section 2: PHDEP Plan Goals and Budget

A. PHDEP Plan Summary

In the space below, summarize the PHDEP strategy to address the needs of the target population/target area(s). Your summary should briefly identify: the broad goals and objectives, the role of plan partners, and your system or process for monitoring and evaluating PH DEP-funded activities. This summary should not exceed 5 -10 sentences.

B.PHDEPBudgetSummary

Enter the total amount of PHDEP funding allocated to each line item.

FFY_____PHDEPBudgetSummary	
Original statement	
Revised statement dated:	
Budget Line Item	Total Funding
9110 – Reimbursement of Law Enforcement	
9115 - Special Initiative	
9116 - Gun Buyback TAMatch	
9120 - Security Personnel	
9130 - Employment of Investigators	
9140 - Voluntary Tenant Patrol	
9150 - Physical Improvements	
9160 - Drug Prevention	
9170 - Drug Intervention	
9180 - Drug Treatment	
9190 - Other Program Costs	
TOTAL PHDEP FUNDING	

C. PHDEP Plan Goals and Activities

In the tables below, provide information on the PHDEP strategy summarized above by budget line item. Each goal and objective should be numbered sequentially for each budget line item (where applicable). Use as many rows as necessary to list proposed activities (additional rows may be inserted in the tables). PHAs are not required to provide information in shaded boxes. Information provided must be concise — not to exceed two sentences in any column. Tables for line items in which the PHA has no planned goals or activities may be deleted.

9110 – Reimbursement of Law Enforcement		Total PHD EP Funding: \$
Goal(s)		
Objectives		

ProposedActivities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDE P Funding	OtherFunding (Amount/ Source)	PerformanceIndicators
1.							
2.							
3.							

9115 -SpecialIniti ative					TotalPHDEPFunding:\$		
Goal(s)							
Objectives							
ProposedActivities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	OtherFunding (Amount/ Source)	PerformanceIndicators
1.							
2.							
3.							

9116 -GunBuybackTAMatch					TotalPHDEPFunding:\$		
Goal(s)							
Objectives							
ProposedActivities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	OtherFunding (Amount/Source)	PerformanceIndicators
1.							
2.							
3.							

9120 -SecurityPersonnel					TotalPHDEPFunding:\$		
Goal(s)							
Objectives							
ProposedActivities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	OtherFunding (Amount/Source)	PerformanceIndicator s
1.							
2.							
3.							

9130 –EmploymentofInvestigators					TotalPHDEPFunding:\$		
Goal(s)							
Objectives							
ProposedActivities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	OtherFunding (Amount/Sou rce)	PerformanceIndicators
1.							
2.							
3.							

9140 – Voluntary Tenant Patrol					Total PHDEP Funding: \$		
Goal(s)							
Objectives							
Proposed Activities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHDEP Funding	Other Funding (Amount/Source)	Performance Indicators
1.							
2.							
3.							

9150 - PhysicalImprovements					TotalPHDEPFunding:\$		
Goal(s)							
Objectives							
ProposedActivities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	OtherFunding (Amount/Source)	PerformanceIndicators
1.							
2.							
3.							

9160 -DrugPrevention					TotalPHDEPFunding:\$		
Goal(s)							
Objectives							
ProposedActivities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDep Funding	OtherFunding (Amount/Source)	PerformanceIndicators

1.							
2.							
3.							

9170 -DrugIntervention					TotalPHDEPFunding:\$		
Goal(s)							
Objectives							
ProposedActivities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	OtherFunding (Amount/Source)	PerformanceIndicators
1.							
2.							
3.							

9180 -DrugTreatment					TotalPHDEPFunding:\$		
Goal(s)							
Objectives							
ProposedActivities	#of Person s Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	OtherFunding (Amount/Source)	PerformanceIndicators
1.							
2.							
3.							

9190 -OtherProgramCosts					TotalPHDEPFunds:\$		
Goal(s)							
Objectives							
ProposedActivities	#of Person s Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	OtherFunding (Amount/Source)	PerformanceIndicators
1.							
2.							
3.							

**Required Attachment_C___:Resident Member on the PHA
Governing Board**

1. X Yes ☐ No: Does the PHA governing board include at least one member who is directly assisted by the PHA this year? (if no, skip to #2)

A. Name of resident member(s) on the governing board: David Seymour

B. How was the resident board member selected: (select one)?

☐ Elected
X Appointed

C. The term of appointment is (include the date term expires): 01/01/1999 – 12/31/2004

2. A. If the PHA governing board does not have at least one member who is directly assisted by the PHA, why not?

- ☐ the PHA is located in a State that requires the members of a governing board to be salaried and serve on a fulltime basis
- ☐ the PHA has less than 300 public housing units, has provided reasonable notice to the resident advisory board of the opportunity to serve on the governing board, and has not been notified by any resident of their interest to participate in the Board.
- ☐ Other (explain):

B. Date of next term expiration of a governing board member: 12/31/2003

C. Name and title of appointing official(s) for governing board (indicate appointing official for the next position): Commissioners of St. Michaels

Required Attachment D _____: Membership of the Resident Advisory Board or Boards

List members of the Resident Advisory Board or Boards: (If the list would be unreasonably long, list organizations represented or otherwise provide a description sufficient to identify how members are chosen.)

Hope Pinder